

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

KUNLE ADE,
Plaintiff,
v.

KIDSPEACE CORPORATION,
Defendant.

CIVIL ACTION

No. 09-CV-1071

FILED

JAN 13 2010

MICHAEL E. KUNZ, Clerk
By *Dep. Clerk*

PLAINTIFF'S TRIAL EXHIBITS P-61 and P-62

10 JAN 13 PM 7:48
USDC-EDPA
REC'D CLERK

1 pager
1 set of keys
A badge
CAR sticker

Witness

Alice Waller

Thanks Kimle
M. Minnis.



Revised 08.05

PA Human Relations Commission Use Only

Docket No.

EEOC No.

Social Security No.

EXHIBIT

Bunbury No. 5198

P-62

PHRC can investigate complaints of discrimination in: (1) Employment based upon race, color, religion, ancestry, age (40 and above), sex, national origin, non-job related handicap or disability, known association with a handicapped or disabled individual, possession of a diploma based on passing a general education development test, or willingness or refusal to participate in abortion or sterilization.

IN-5 FORM - DISCHARGE QUESTIONNAIRE

Questionnaire on the incident you are complaining about

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.

Name Kunle Ade
 Address 2031 South 67th Street
 City Philadelphia State PA Zip Code 19142
 County Philadelphia Phone H: 215-868-7517 Phone W: 215-868-7517

May we call you at work? (Circle one) YES NO

Caution: Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint. Bring pay stubs, W-2 forms, contracts, etc. to aid in verification of the name and address.

Information about the Organization your complaint is against:

Name Kids Peace
 Address 3438 Route 309
 City Orefield State PA Zip Code 18069
 Type of Business Private Charity to Serving Children With behavioral & mental issues
 County Lehigh Valley Phone No. 610-799-8785

Number of employees who work at the organization named above. Please circle one.

Less than 4

15 to 100

201 to 500

Unknown

4 to 14

101 to 200

501 plus

IN-5 FORM

Discharge Questionnaire

Name and address of person who will know how to contact you and who does not reside in your

Name Janeen Carter
 Address 1517 West Turner Street Apt. 1
 City Allentown State PA Zip Code 18102
 Phone No. Home 484-221-9029 Phone No. Work 484-951-1053

In this Questionnaire, you will see the word "class" mentioned. Class means the person's race, sex, age, ancestry, religion and so on. Depending on the issues in the complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A White male could belong to race/White and sex/male. All persons named in the complaint or questionnaire should be identified by their class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). For example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

1 Discrimination means difference of treatment. Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a different class that makes you feel they received more favorable treatment than you. Give specific dates.

A White female co-worker made a false allegation against me to my Employer. Stating that I try to grab her breast & try to kiss on her. I was not investigated at no time.
This All happen on Nov 2, 07

2 If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe the employer treated you this way for a reason which is not listed, explain what you believe to be the reason.

<input checked="" type="checkbox"/> Sex	National Origin
<input checked="" type="checkbox"/> Race	Age
<input checked="" type="checkbox"/> Color	GED
<input type="checkbox"/> Religion	Retaliation
<input type="checkbox"/> Ancestry	Use of guide dog or support animal
gender biasness	
and Race discrimination	
Non-job related disability	

Identify your disability: _____

Participation in/or refusal to participate in Abortion/sterilization _____

3 When were you hired by the company that discharged you?

Jan. 15, 2006

3a List the most recent job title-department-length of time on job you have held during your employment with this employer. Therapeutic Support Staff (T.S.S.)
and Child Care Counselor.

IN-5 FORM

Discharge Questionnaire

4 What was the date of your discharge? December 4, 2007

4a Were you a probationary employee when you were discharged? YES NO

5 Who recommended this discharge? According to human resource my supervisor

5a What is his/her job title and CLASS (race, sex, age, etc.) White female
Supervisor

6 What reasons were you given for this discharge? None

Please submit a copy of any letters or notices from the company concerning this discharge.

7 What explanation for your performance or conduct did you give the employer? I
did not received any letter for this discharge.

8 To your knowledge, did the employer conduct any investigation which took into account your explanation?

YES NO

Explain as best you can when the investigation occurred, the name(s) of the individual(s) who investigated the incident for the employer and any details you can.

9 Did your explanation for your performance or conduct cause the employer to reconsider or delay your discharge in any way?

YES NO

If yes, please explain:

IN-5 FORM

Discharge Questionnaire

10 Do you believe any of the reasons given by the employer for this discharge were accurate?

 YES NO

Please explain.

11 Were you warned/disciplined before this discharge about any violations of your employer's rules?

 YES NO

If so:

Date of Warning/discipline: April 1, 2007Nature of Warning/Discipline/Suspension: Disciplinary Action

Oral/Written:

Who gave the Warning/Discipline: Donna Doran, SupervisorClass (race, sex, age, etc.) White female supervisorReason for Warning/Discipline: A verbal & Physical altercation with co-

12 If you have it, please attach a copy of any written procedure or policy your employer may have with respect to discipline. If you don't have it, where can we obtain a copy? If it is not written, what is the practice or your understanding of it.

13 If the employer gave a reason for your discharge/demotion, can you name any employee who did the same thing or something worse who was not discharged/demoted?

Name

Jeff Onushko, Pam Peters, Lea Nealey

Class

LCCW II, White male, White female, White Female

Job/Department

Patriot center, LCCW, Assistant Supervisor

What did the person do?

Sleeping on a Level and SleepingWhile working ~~with~~ ^{which} with kids on suicide level.

What discipline was given?

Done that I know off.

IN-5 FORM

Discharge Questionnaire

14 Has anyone else been treated the same as you?

Name SherwoodClass LCCW/No longer employed with the Company

YES

NO

15 If the reason given by your employer for your termination was related to reorganization for economic reasons, what is your objection to your employer's rationale?

False, And that has no bearing on my termination.

16 If the employer gave a reason for your termination related to reorganization, can you name any employee(s) who you felt should have been terminated before you?

Name

Lea Ade Neasly, Jeff Onusko, Pam Peters

Class

White female, White male, White FemaleJob/Department Assistant Supervisor, LCCW II

LCCW

Why should this person have been terminated before you?

All the AbovePeople mention had watch kids on suicide level and slept most of the time. But others either terminated or with17 Are you a union member? YES NO

What is the name of your union?

Address:

City, State and Zip Code:

Phone No.:

Business Agent (Rep.)

18 Did you file a union grievance? YES NO

If so, attach a copy of the grievance. Explain what step your grievance is now in. Give both step number and letter, and the name and title of the union official dealing with your grievance.

19 Are you a civil service employee? YES NO

Did you file a civil service complaint regarding the above problem?

YES

NO

What is/was the status of your civil service complaint, if applicable?

IN-5 FORM

Discharge Questionnaire

20

Have you filed a complaint about this matter with any other commission or agency? If so, please specify the Commission or agency and the date you filed, to the best of your recollection.

YES NO

Name of Agency or Commission _____

Date Filed _____

20a

Have you applied for unemployment compensation? YES NO

If so, what is the date of your application for benefits?

Were you awarded benefits? YES NO

If so, please state your weekly benefit amount and the date you began receiving checks.

Amount in \$: 433.00

Date 12/23/07

If you were denied benefits, did you appeal? YES NO

If so, was a hearing held on your appeal? YES NO

If so, what was the result? _____

N/A

If you have not applied for unemployment, do you plan on doing so? YES NO

If you are claiming discrimination based upon handicap/disability, have you filed a workers' compensation claim related to your disability? YES NO

If yes, what is the status of that claim? _____

Are you receiving social security benefits? YES NO

If yes, what amount do you receive and what date did you begin to receive these benefits?

Amount in \$: _____ Date _____

21

Have you taken any court action regarding this matter? If so, please specify in what court and the date you filed, to the best of your recollection.

Name of Court _____

Date Filed _____

City _____

County _____

State _____

If there are other facts you feel should be considered, record these on the last page of the questionnaire (Continuation Page).

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. Section 4904, relating to unsworn falsification to authorities.

Signature Minimis Date _____

Address 2031 South 67th Street

City, State and Zip Code Philadelphia, PA. 19142

Phone No. Home (215) 868-7517

Phone No. Work _____

Phone No. Cell (215) 868-7517

CONTINUATION PAGE

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.

A White Female Co-Worker made a false allegation against me with my Employer. Stating that I Sexually harassed her by trying to grab her breast and trying to kiss on her. At no time did I ever engaged in such conduct. To the Contrary the white female was the person who tried to come onto me, by showing me a picture of her breast, A tattoo on her lower part of her back and a tattoo on her top of her back. I told my Employer that at no time did I ever engage in the conduct the white female Co-worker alleged.

My Employer never conducted any investigation that I'm aware of and Most Importantly never interviewed me regarding the false allegation, but simply placed me on ~~an~~ administrative leave and after I sent my employer a letter Complaining that I have been falsely accused and placed on administrative leave without an investigation, I was terminated.

The decision maker and Supervisor involved with this matter were all white. And supervisors are white females. I believe that I have been discriminated against by my Employer on the bases of my race African-American and gender male, in their decision relating to this matter, in violation of the PHRA and Title VII.

My Supervisor who had use race and discrimination commits in front of me. I believe she use did that because she had given me a written warning that states it is a final warning. So, I can't really say anything which I didn't signed.